



Department of Finance & Business Services
400 Stewart Avenue
Las Vegas, Nevada 89101
Phone: (702) 229-6281
TDD: (702) 386-9108



Application for Charitable Solicitations Permit

In Accordance With Las Vegas Municipal Code 6.22, 10.44 & 11.62

APPLICANT INFORMATION:

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

• Principal Name: _____ Title: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

• Principal Name: _____ Title: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

• Principal Name: _____ Title: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

SOLICITATIONS INFORMATION: Dates of Solicitation (up to one year) From: _____ To: _____

Check method(s) to be used in generating revenue:

Telephone Raffle Mailings Highway or Sidewalk Solicitation (limited to 3 days per year)

• Explain in detail methods to be used in soliciting funds: _____

List below the names and addresses of all professional promoters and/or professional solicitors who will solicit funds for your organization. Provide a copy of the contract your organization has with each professional promoter and/or solicitor to include amount of wages, fees, and commissions or expensed to be paid to each.

• Professional Promoter/Solicitor: _____

City of Las Vegas Business License Number (Required): _____ Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

If More Than One Professional Promoter/Solicitor Is Used Please Attach Information Regarding Additional Professional Promoters/Solicitors To Back of Application.

FINANCIAL INFORMATION:

- Estimate total amount of funds to be raised: \$ _____
- List below the estimated costs for your fund raising events

Item:

Estimated Cost:

- Specifically, what is the purpose of the funds to be raised by your organization and how are funds going to be distributed by your organization? _____

- What is the name and address of the person who is in direct charge of conducting the solicitations for your organization?

Principal Name: _____ Title: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

- What is the name and address of the person who will disburse the proceeds raised by your organization?

Principal Name: _____ Title: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

CERTIFICATION: Applicant certifies that, if a permit is granted, it will not be used as or represented in any way as an endorsement by the City of Las Vegas. Applicant understands that a letter from the Planning & Development Department approving a temporary commercial use will be required for any activity on private property and that no such letter will be issued without the written permission of the property owner. Applicant understands this permit does not authorize the holder to solicit in any manner prohibited by the Las Vegas Municipal Code. Applicant also understands that any change to the information submitted must be reported to the City of Las Vegas, Department of Finance and Business Services, Business Services Division within five days of the change.

<hr/> Applicant Signature Date	<hr/> Business Services Signature Date
	<hr/> Business Services Approval Signature Date
Processing Fee: GR# _____ Date: _____ Amount: _____	
Highway Solicitation Fee: GR# _____ Date: _____ Amount: _____	

A year-end financial report is due at the conclusion of the time allotted for this permit.